## CENTRAL DISTRICT HEALTH DEPARTMENT BOARD OF HEALTH MEETING

December 3, 2004

# **Approved 1/21/05**

#### **BOARD MEMBERS PRESENT:**

Dr. Martin Gabica, Chair
Steven Scanlin, Trustee
Mary Egusquiza-Stanek, Vice-Chair
Commissioner Fred Lawson
Jane Young, RN, ND, CRNP
Betty Ann Nettleton, RN
Bill Wheeler, R.Ph
Kathy Holley, Secretary

## CENTRAL DISTRICT HEALTH DEPARTMENT (CDHD) ATTENDEES:

Meghan MuguiraPatti MurphyRob HowarthMargaret RossMike RenoCindy HowarthKathy HansenCindy TrailNancy Rush

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The Board of Health meeting was called to order at 1:56 p.m.

#### ACTION ON OCTOBER 22, 2004 MEETING MINUTES - Dr. Gabica

**Motion:** Mr. Scanlin moved to approve the minutes of the October 22, 2004 Board of Health meeting as presented; Ms. Young seconded; all in favor; motion carried.

### **LEGISLATIVE ISSUES – Steve Scanlin**

Mr. Scanlin passed out 2-packets of information. The legislature is organizing in preparation of starting this year's session. New committee chairs that work most directly with the health districts are the House, Health and Welfare Committee chair, Sharon Black and the chairman of the Senate Health and Welfare Committee, Dick Compton.

JFAC will hear the health district's budget January 21<sup>st</sup>. Mr. Scanlin and Mrs. Holley will attend the JFAC presentation. Mr. Scanlin invited the other Board members to attend.

Legislation being introduced this year that affects the health districts:

- > Food Unicode
- ➤ Millennium Fund Tobacco Cessation Programs
- ➤ Flu Vaccine Shortage (May not be legislation issue)
- ➤ West Nile Virus (May not be legislation issue)

# Budget and Revenue Review

Mrs. Holley distributed a handout. The seven health departments will go together with one budget request for general fund appropriation, which will be a maintenance level budget. The handout, which reflects the seven-health departments in aggregate, has been used for the last 6-7 years to give the legislature an idea of our revenue sources and expenditures. The legislature also appropriates the Millennium Fund money, which does not come through the general fund.

## OCTOBER BUDGET TO ACTUAL - Meghan Muguira

## Fees:

- Family Planning down slightly
- > Immunizations doing great
- > Sewage doing great
- ➤ Land Development The budget for fees was \$63,000 for the year, and they are already at \$71,000 through October. In the month of November they received another \$62,000, so we are at a \$130,000, which is 200% of budget. Part of this money may have to be returned due to winter land and lot conditions.

#### Contracts:

> Great with some budget revisions.

### Other Revenue:

> Senior Nutrition Donations - The donation section is up a little and the fund raising donations are down a little. There was a change in policy in 2004 to strictly define what goes into the fund raising program and what goes into the regular program. The fund raising donation includes the \$8,000 from the golf tournament.

#### Personnel Costs:

 $\triangleright$  Good. We are still showing a 6/10 of a percent overspent, but that percent overspent is decreasing.

#### Operating:

➤ Overspent. Mrs. Muguira noted that \$54,000 of the \$177,000 over is because of the HRSA allotment, which is pass through money to help build up local medical, hospital, and EMT infrastructure. There is about \$400,000 in this grant, which will pass through by the end of the year.

## Capital:

**➢** Good

## **ANNUAL REPORT – Patti Murphy**

Ms. Murphy presented the 2004 Annual Report. This report is a 33-year retrospective historical look at the District. Dr. Gabica asked the Board to provide comments on the annual report within 2-weeks, otherwise it is considered final.

Mr. Scanlin suggested sending a copy of the annual report to district Legislators, with an invitation to the January 21<sup>st</sup> Board of Health meeting.

## SCANNING PROJECT DEMONSTRATION – Mike Reno

Mr. Reno showed a preview of a link that will be put out on the web to search for land parcels in the same way as the childcare and food inspections links. The program was originally designed to alleviate pressure on staff that were getting many calls to look up septic permits from files or microfiche for individuals and businesses. Staff can now look up client's records from their desktop. Eventually a kiosk will be installed in the Environmental lobby so the public can pull up

their information. Boise, Elmore, and Valley Counties records have been scanned, and Ada County records will be scanned by the end of January. Mr. Reno thanked the Board for allocating the money to do this because it is a tremendous time saver and will be an incredible asset to the public.

Margaret Ross, IT Manager, added that the initial costs involved got us such a significant product that for a minor amount of licensing fees it will be used in other programs. The Immunizations Programs records will be scanned in January. This will enable Immunization staff to look up past immunizations records from their desktops.

## FLU VACCINE SHORTAGE - Cindy Howarth

Mrs. Howarth presented a flu vaccine update highlighting this year's flu vaccine shortage.

CDHD initially ordered 10,000 doses of vaccine from two suppliers, Aventis and Chiron, based upon a flu plan, which included vaccine recommendations. On October 5<sup>th</sup> Chiron announced that their license had been suspended due to sterility problems, which shorted the national supply about 48 million doses for this year. CDHD received 5,000 doses from Aventis by the end of October, 140 doses of state supplied vaccine for children and purchased 80 doses of the intranasal vaccine.

Actions taken nationally after notification of the vaccine shortage included an emergency meeting of the Advisory Committee on Immunizations Practices to prepare interim recommendations for distributing flu vaccine to ensure that high-risk individuals were vaccinated. CDC and Aventis also formulated a plan to distribute the remaining vaccine supply to providers serving high-risk populations.

CDHD responded by creating a planning team to help develop an action plan to address the vaccine shortage and respond to massive public and media inquiries, and began collaboration with other health districts and the state to identify what the vaccine status was statewide. We also participated in CDC conference calls, and developed a communication plan to get the message out across many types of media including newspaper, radio, television, internet and intranet. A hotline was developed to make information available all the time to the public.

With the volume of calls that CDHD staff was receiving a decision was made to coordinate actions with Public Health Preparedness to make this a preparedness exercise. CDHD was already working with Elmore County partners to develop a mass vaccination exercise in order to test our bioterrorism response plan.

An emergency information call center was set-up with 46-incoming lines using the new Immunization's schedule system. Recorded call center messages were created with the ability to update the messages with current information. The call center was operated 4-days with an estimated 1,000 - 1,300 appointments scheduled a day.

Clinic began on October 18<sup>th</sup> with most of the appointments booked through the call center from October 18<sup>th</sup> through November 30<sup>th</sup>. Appointments were set at 5-minute intervals utilizing 5-6 nurses at a time, and 5-6 customer service representatives. We also utilized a large number of volunteers. In order to optimize clinic flow we tried to follow a mass vaccination plan in our preparedness program to help us with moving a large volume of people through the clinic. We also worked with the Boise Police Department to be sure that we had good security. All of our

efforts, we decided as time went along, were important to document as a mass vaccination exercise, because that was really what it had become for us.

CDHD ended up getting the full order originally ordered from Aventis. In addition to that, CDC working with Aventis distributed an additional 5700 doses. 2700 doses were previously allocated to agencies in our district who could not use them because they did not serve high-risk populations. We also acquired 308 doses from the Boise School District, doses from BSU, and several private physicians contacted us with more doses. So we ordered 10,000 doses for the year and we ended up with a total dose acquisition of 11,600 doses.

The state provided us with an estimate of the high-risk population in our district to be around 120,600 individuals. CDHD vaccinated 6500 people as of November 30<sup>th</sup>. We chose to distribute about 4500 doses of vaccine to community partners. CDHD has approximately 800 doses remaining and are accepting appointments.

Media coverage has been huge. We created and distributed five news releases beginning on October 7<sup>th</sup>, and conducted more than 53 media interviews with television, radio, and newspaper regarding the shortage. We also provided frequent status updates on our internal intranet as well as the internet to make sure that most recent information was available to the public at all times. The hotline message was updated frequently to keep the public informed as things changed with the vaccine supply.

In summary, we realized that we could not meet the demands with a walk in clinic, so we decided early on to provide vaccinations by appointment only. That allowed us to track the vaccine supply that we had and to be able to have a closer handle on how much we had remaining. We also learned that when we got the call center up and running it pretty much shut down everything else, so we had to utilize cell phones to communicate with our satellite staff. Current staffing would be inadequate to sustain the workload of an extreme emergency situation for a very long period of time so we would need to put into place a good volunteer system. We also learned that we need to practice better internal communication of leadership and implement incident command.

This entire event was used to help meet one of the Public Health Preparedness deliverables. PHP and Immunization's were already working with Elmore County to develop a mass vaccination clinic in that county. A basic plan had already been written 2-years ago, and was updated this August. The plan has been refined as we learn more information. Dr. Gabica encouraged them to refine it even more with what was learned from this exercise.

## **DIRECTOR'S REPORT – Kathy Holley**

#### Mountain Home Office

The Mountain Home office has experienced multiple break-ins over the last month. Two juveniles have been picked up by the Mountain Home Police Department who may be responsible for the vandalism. We have identified how they were getting into the building and have initiated several security additions to make the building more secure.

# Valley County

Mrs. Holley distributed a copy of a letter, which was the result of an October meeting initiated by the Valley County Commissioners, CDHD and DEQ to discuss the County's concerns with the Nutrient Pathogen Study (NPS). As a result, CDHD and DEQ met to draft a letter to the

commissioners with a proposal for getting Valley County residents more involved in the system. This same process was used to develop the original Nutrient Pathogen guidance.

To help address concerns, several meetings have been scheduled with a statewide regulatory workgroup in January to review the guidance. CDHD will also listen to new studies being presented to DEQ. This process will help us solidify and improve guidance. There will be another meeting in February with a statewide technical guidance group made up of the original statewide stakeholders and interested parties to look at the guidance. Hopefully by mid to late April a final statewide guidance will be written for everyone to use for this coming development season.

## Strategic Plan

Mrs. Holley handed out the finalized Strategic Plan, which includes the Board's input. The plan will be distributed to staff.

#### NACCHO

**ADJOURN** 

Mrs. Holley thanked the Board for allowing her to participate on the Board of NACCHO. NACCHO is very involved with the Centers of Disease Control (CDC), which allows us to talk directly to Julie Gerberding and other officials. NACCHO also affords us the ability to hear about grants and other information before it is put out for the rest of the country.

**Motion:** Ms. Young moved to adjourn the meeting; Ms. Nettleton seconded; all in favor; motion carried, meeting adjourned.

Respectfully submitted:	
respectivity suchinical.	Date:
Dr. Martin Gabica, Chair	Kathy Holley, Secretary